

SPECIALTY REVIEW FORM

Title and Code: _____

I. Action

- _____ The current definition of this specialty and the Approved College majors in the AST Rating Schedule accurately encompass a discrete body of work at this installation.
- _____ Proposed Modification or Elimination of Specialty (If checked, complete II below)
- _____ Proposed New Specialty (If checked, complete III below)
-

II. Modification or Elimination of Existing Specialty

- _____ The attached proposed modified definition is recommended for inclusion in the 700 Group.
- _____ The specialty is recommended for elimination from the 700 Group.
- _____ No change to list of Approved College Majors recommended
- _____ The changes indicated in the attached list should be made to the list of Approved College Majors for the subgroup to which this Specialty belongs. State reasons in terms of knowledges required.
-

III. New Specialty

- _____ The attached proposed Specialty is recommended for inclusion in the 700 Group.
- _____ No change to list of Approved College Majors recommended. State reasons in terms of knowledge required.
- _____ The changes indicated in the attached list should be made to the list of Approved College Majors for the Subgroup to which this Specialty belongs. State reasons in terms of knowledges required.
-

IV. Certification

SME _____	SME _____
SME _____	SME _____
SME _____	SME _____